

City of Maricopa Youth Council Application

The vision for the City of Maricopa Youth Council is to empower caring youth dedicated to personal development and leadership. If you are interested in applying for membership to the council, please complete the following application. Applicants must be a resident of the city or surrounding areas and be of age 13 through 18. Please type or print clearly in blue or black ink. You may attach additional sheets if necessary: ALL information must be completed in order to be considered for the City of Maricopa Youth Council. Youth Council members must be able to adhere to the attendance requirements for the bi-monthly meetings.

Name: _____ Age: _____

School: _____ Grade: _____

Home Address: _____ Zip: _____

Home phone: _____

Cell Phone: _____

E-mail: _____

Parent/Guardian: _____

Parent/Guardian E-mail: _____

The City of Maricopa does not discriminate based on race, ethnicity, sex, creed, national origin or disability. It is requested to facilitate the City of Maricopa goal of assembling a diverse group and possible federal grant opportunities. Omitting this information will not affect your application.

(Optional)

Race or ethnic group: ____ American Indian ____ African American ____ Asian ____

White ____ Middle Eastern ____ Hispanic ____ Other, please specify _____

Gender: ____ Female ____ Male Birth Date _____

Were you asked to apply for this position? _____

If yes, by whom? _____

Organization: _____

Why do you want to serve as a member of the Maricopa Youth Council? (Please feel free to add a sheet of paper; 300 - 500 word limit)

What are the three most important issues to you concerning your neighborhood, school and / or community?

1.

2.

3.

In what ways can the Youth Council benefit the City of Maricopa and the community?

Please list any other activities you will be involved in during the school year. Include employment, sports, community, school and religious groups.

What personal skills and characteristics do you possess that would make you a good representative?

If you could bring one thing to this City or change one thing, what would it be?

Are you willing to attend the meetings, events and activities of the Youth Council for one year and commit to making a difference in our city? Yes _____ No _____

Please list two adult references (non relatives) with phone numbers. We require one of the references to be from school based personnel and the other from a community member that knows you.

1. Name of reference: _____

Title: _____

Address: _____

Phone number: _____

Email: _____

2. Name of reference: _____

Title: _____

Address: _____

Phone number: _____

Email: _____

I have read and understand the commitment required for the City of Maricopa Youth Council. I also realize the importance of teamwork and cooperation and I am willing to make this commitment.

Student Signature: _____

Date: _____

Parent/Legal Guardian Permission:

I give my permission for _____ to seek the position of representative on the City of Maricopa Youth Council.

Signature of Parent/Guardian: _____

Date: _____

Emergency contact: _____ Relationship: _____

Emergency Telephone number: _____

Emergency Cell number: _____

Deadline to Apply: _____

Mail to:

Maricopa City Hall – C/O Maricopa Youth Council

39700 West Civic Center Plaza

Maricopa, Arizona 85138